

1234 Any Street Any Town , State xxxxx-xxxx Staff Symbol: Health Services Phone: (AC) xxx-xxxx Fax: (AC) xxx-xxxx Email:

MEMORANDUM

Fro	m:	Chairperson, P&T Committee	Reply to Attn of:	Phone number	
To: Thi		Chief, Health Services Division			
Subj:		P&T COMMITTEE MEETING, XX Month XXXX			
Ref:		COMDTINST 6000.1, 10.A.9			
1. Per reference (a) above, a Pharmacy and Therapeutics committee meeting was c from (start time) to (end time).					
2.	Atte	endees:			
3.	Old Business:				
		em: Discussion: Action:			
	b.				
	c.				
4.	Nev	v Business:			
		iscussion: CTION:			
		viscussion: CTION:			
		#			
Enclosures:					
Dist:					
Copy: MLC (k)					